

Central Arkansas Telephone Cooperative
4036 Highway 7
PO Box 130
Bismarck, AR 71929

October 17, 2013

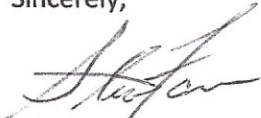
Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

RE: Docket WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Central Arkansas Telephone Cooperative, Inc. Study Area Code 401697

Dear Ms. Dortch:

On behalf of Central Arkansas Telephone Cooperative, Inc., please find enclosed the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. Central Arkansas Telephone seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,



John Faris
General Manager

Cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division

Central Arkansas Telephone Cooperative, Inc.
4036 Highway 7
PO Box 130
Bismarck, AR 71929

October 14, 2013

Secretary of the Commission
Arkansas Public Service Commission
1000 Center Street
Little Rock, AR 72201

RE: Docket No. 13-065-U – FCC Form 481 Carrier Annual Reporting - Redacted
Federal Universal Service Support Funds Pursuant to 47 C.F.R. §54.313 Established in WC Docket No. 10-90

Secretary,

On behalf of Central Arkansas Telephone Cooperative, Inc. please find enclosed the FCC Form 481 Carrier Annual Reporting –Redacted. A complete copy of this submission will be filed according to APSC confidentiality rules. Please file the attached certification in docket 13-065-U.

Sincerely,

John Faris
General Manager

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	401697
<015> Study Area Name	CENTRAL ARKANSAS TEL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Steve Faris
<035> Contact Telephone Number: Number of the person identified in data line <030>	5018653333
<039> Contact Email Address: Email of the person identified in data line <030>	catc1@catc.net

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)			
<200> Outage Reporting (voice)	(complete attached worksheet)			
<210> <input checked="" type="checkbox"/> ← check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0			
<310> Detail on Attempts (voice)	(attach descriptive document)			
<320> Unfulfilled Service Requests (broadband)	0			
<330> Detail on Attempts (broadband)	(attach descriptive document)			
<400> Number of Complaints per 1,000 customers (voice)				
<410> Fixed	0.0			
<420> Mobile	0.0			
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed	0.0			
<450> Mobile	0.0			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)			
<510> 401697ar510	(attach descriptive document)			
<600> Functionality in Emergency Situations	(check to indicate certification)			
<610> 401697ar610	(attach descriptive document)			
<700> Company Price Offerings (voice)	(complete attached worksheet)			
<710> Company Price Offerings (broadband)	(complete attached worksheet)			
<800> Operating Companies and Affiliates	(complete attached worksheet)			
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)			
<1000> Voice Services Rate Comparability	(check to indicate certification)			
<1010>	(attach descriptive document)			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)			
<1110>	(complete attached worksheet)			
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)			

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)		
<2005>	(complete attached worksheet)		
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)		
<3005>	(complete attached worksheet)		

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	401697
<015>	Study Area Name	CENTRAL ARKANSAS TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Faris
<035>	Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039>	Contact Email Address - Email Address of person identified in data line <030>	catcl@catc.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	401697
<015>	Study Area Name	CENTRAL ARKANSAS TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Faris
<035>	Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039>	Contact Email Address - Email Address of person identified in data line <030>	cato1@cato.net

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 401697

<015>	Study Area Name	CENTRAL ARKANSAS TEL
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<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Steve Faris

<035> Contact Telephone Number - Number of person identified in data line <030> 5018653333

<039> Contact Email Address - Email Address of person identified in data line <030> catcl@catc.net

<701> Residential Local Service Charge Effective Date

1/1/2013

<702> Single State-wide Residential Local Service Charge

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 401697

<015> Study Area Name CENTRAL ARKANSAS TEL

<020>	Program Year	2014
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<030> Contact Name - Person USAC should contact regarding this data Steve Faris

<035> Contact Telephone Number - Number of person identified in data line <030> 5018653333

<039> Contact Email Address - Email Address of person identified in data line <030> catcl@catc.net

[illegible]

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	401697
<015>	Study Area Name	CENTRAL ARKANSAS TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Paris
<035>	Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039>	Contact Email Address - Email Address of person identified in data line <030>	catc1@catc.net
<810>	Reporting Carrier	Central Arkansas Telephone Cooperative, Inc.
<811>	Holding Company	Central Arkansas Telephone Cooperative, Inc.
<812>	Operating Company	Central Arkansas Telephone Cooperative, Inc.

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	401697
<015>	Study Area Name	CENTRAL ARKANSAS TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Faris
<035>	Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039>	Contact Email Address - Email Address of person identified in data line <030>	catcl@catc.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	401697
<015>	Study Area Name	CENTRAL ARKANSAS TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Paris
<035>	Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039>	Contact Email Address - Email Address of person identified in data line <030>	catc1@catc.net

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	401697
<015>	Study Area Name	CENTRAL ARKANSAS TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Paris
<035>	Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039>	Contact Email Address - Email Address of person identified in data line <030>	catcl@catc.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 401697ar1210
 Name of attached document (.pdf)

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	401697
<015>	Study Area Name	CENTRAL ARKANSAS TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Paris
<035>	Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039>	Contact Email Address - Email Address of person identified in data line <030>	catc1@catc.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐
☐
☐
☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

<010>	Study Area Code	401697
<015>	Study Area Name	CENTRAL ARKANSAS TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Farie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039>	Contact Email Address - Email Address of person identified in data line <030>	catcl@catc.net

Progress Report on 5 Year Plan

- | | | | |
|--------|---|--|--|
| [3010] | <p>Milestone Certification {47 CFR § 54.313(f)(1)(i)}
Please check this box to confirm that the attached PDF, on line 3012,</p> | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| [3011] | <p>contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p> | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> (Yes/No) |
| [3012] | <p>Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}</p> | | <input checked="" type="checkbox"/> (Yes/No) |
| [3013] | <p>Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}</p> | | <input checked="" type="checkbox"/> (Yes/No) |
| [3014] | <p>If yes, does your company file the RUS annual report
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p> | | <input checked="" type="checkbox"/> |
| [3015] | <p>Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> | | <input checked="" type="checkbox"/> |
| [3016] | <p>PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input checked="" type="checkbox"/> |
| [3017] | <p>If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> | Name of Attached Document Listing Required Information | 401697ar3017 |
| [3018] | <p>If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p> | | <input type="checkbox"/> (Yes/No) |
| [3019] | <p>Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p> | | <input type="checkbox"/> |
| [3020] | <p>PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input type="checkbox"/> |
| [3021] | <p>Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> | | <input type="checkbox"/> |
| [3022] | <p>If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p> | | <input type="checkbox"/> |
| [3023] | <p>Underlying Information subjected to a review by an independent certified public accountant</p> | | <input type="checkbox"/> |
| [3024] | <p>Underlying Information subjected to an officer certification.</p> | | <input type="checkbox"/> |
| [3025] | <p>PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input type="checkbox"/> |
| [3026] | <p>Attach the worksheet listing required information</p> | Name of Attached Document Listing Required Information | |

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	401697
<015> Study Area Name	CENTRAL ARKANSAS TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Steve Paris
<035> Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039> Contact Email Address - Email Address of person identified in data line <030>	catcl@catc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CENTRAL ARKANSAS TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/13/2013
Printed name of Authorized Officer:	John Paris
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	5018653333
Study Area Code of Reporting Carrier:	401697 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	401697
<015> Study Area Name	CENTRAL ARKANSAS TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Steve Paris
<035> Contact Telephone Number - Number of person identified in data line <030>	5018653333
<039> Contact Email Address - Email Address of person identified in data line <030>	catcl@catc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: CENTRAL ARKANSAS TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 401697	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: CENTRAL ARKANSAS TEL	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: 401697	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Central Arkansas Telephone Cooperative

Response to Lines 500-510 - Service Quality Standards and Consumer Protection Rules Compliance

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Central Arkansas Telephone Cooperative, Inc. (“Company”) hereby certifies that it complies with applicable service quality standards and consumer protection rules established by the Arkansas Public Service Commission and detailed in the Telecommunication Provider Rules. Specifically, sections 1.09, 1.10, 1.11, 1.12, and 2.0 address the following obligations which include, but are not limited to: 1.09 Service Availability, 1.10 Safe and Adequate Service, 1.11 Construction Standards, 1.12 Facility Identification and Section 2.0, which details consumer billing rules and regulations. Furthermore, Company is subject to cyclical compliance reviews by

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

the Arkansas Public Service Commission Telecommunications Utilities and Quality of Service Section.

In addition, the Company complies with numerous federal consumer protection standards including, but not limited to: (1) Truth-in-Billing Rules outlined in 47 CFR § 64.2401; and (2) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Central Arkansas Telephone Cooperative, Inc.

Response to Lines 600-610 - Ability to Function in Emergency Situations

Central Arkansas Telephone Cooperative, Inc. ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the Arkansas Public Service Commission Telecommunication Provider Rules. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Company is able to function under emergency operations in accordance with Arkansas Service Commission Telecommunication Rules §8 *General Service Standards*, §10 *Maintenance*, and §11 *Quality Standards* which include obligations for continuity of service and emergency operations planning and service provision capability for dominant carriers. Any central office without a permanently installed emergency power system shall be wired to permit connection of a mobile emergency power unit, and there shall be a mobile emergency power unit available for connection on short notice with minimum travel time. Furthermore in section

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

11.06.B, each central office shall be equipped with a battery reserve sufficient to sustain operation until emergency power can be connected.